

2015

PAAO GRANT MANAGEMENT **WORKSHOP**

VIRGINIA DEPARTMENT OF HOUSING AND COMMUNITY DEVELOPMENT

Steps in the Housing Rehab/Façade Application Process




HR/Façade Application Process



- Step 1 : Reach – Out (reach)

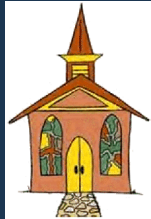


-  Project Area
- HR- every household
- Facades- every business owner

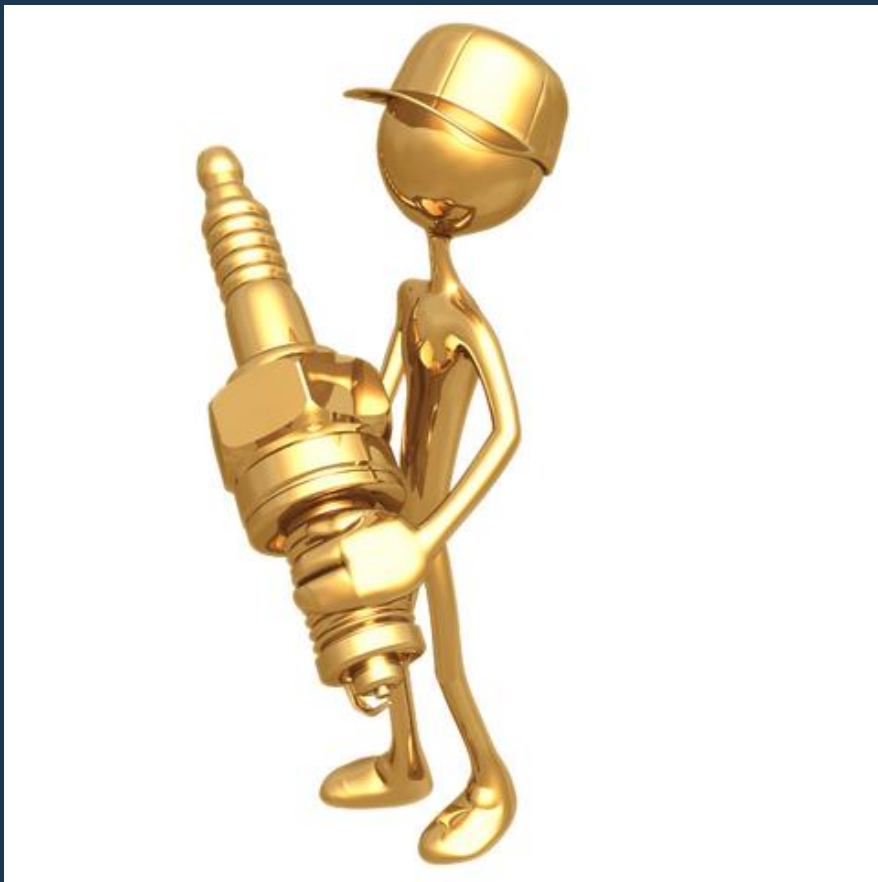
HR Outreach



- How?
- PG
- CDBG Application Process



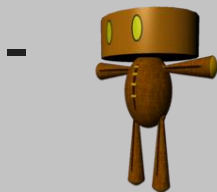
- Canvas + Churches + Community Centers + Advertisements + Postings + ????



HR/Façade Outreach



- Façade Improvement Program
 - PG
 - CDBG Application Process
 - Building Survey/Assessment
 - Downtown Association of Businesses
 - Local Government/Chamber + ????



HR/Façade Application Process



- What Information?
- Project Specific Information
 - “What You Need to Know about Housing Rehab”
 - “Fair Housing Brochure”
 - “Renovate Right”
 - Relocation Assistance Brochures
 - “When a Public Agency Acquires Your Property”
 - Program Designs
 - Complaint & Appeals Process
 - Privacy Protection Act Statement

HR/Façade Application Process



- **How to Apply?**
 - Mail?
 - Office?
 - Home/Business?
 - Provide Assistance?

Note: literacy

HR/Façade Application Process



- The Application
- No DHCD Template

Date Received: _____

Score: _____

APPLICATION FOR HOUSING REHABILITATION ASSISTANCE

PART 1: GENERAL INFORMATION

Applicant's Name: _____

Co-Applicant's Name: _____

Phone #'s: Home: _____ Work: _____ Other: _____

Address: _____

How long at this address: _____ yrs Own Rent Life Estate Heir Property

Insurance Company's Name: _____

Agent's City/State: _____ Yearly Cost: \$ _____

PART 2: HOUSEHOLD COMPOSITION (List each individual living in dwelling)



Name	Relationship to Applicant	Occupation	Age	Sex
	Self			

Describe any anticipated changes in household composition:

PART 3: FINANCIAL INFORMATION (List monthly income for each household member 18 or older)

80% AMI Limit = \$ _____

ASSETS					
Family Member	Liquid Asset Description	Current Cash Value Of Assets	Actual Income from Assets		
3. Net Cash Value of Assets		3.			
4. Total Actual Income from Assets (Take 10% of Line 3 Total)			4.		
ANTICIPATED ANNUAL INCOME					
Family Members	a. Wages Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is annual income.....					7.

PART 4: MEDICAL INFORMATION (List all medical expenses not covered by health insurance):

Name	Description of Cost	Amount per Year
		\$
		\$
		\$
		\$
		\$

Estimated documented, out-of-pocket medical expenses in excess of 3% of annual income: \$ _____

Is any member of the household disabled and requires special housing accessibility features?

☒ Yes

☐ No

Name of Individual: _____

Insulation around exposed hot water pipe and drains (wheelchair users only)

Toilet grab bars

Raised Toilet

Ramp

Doors sized for wheelchairs

Shower grab bars

Door Levers

Other (list) _____

PART 5: PROPERTY INFORMATION

Type of Home:

☒ Site Built

☐ Mobile Home

☐ Other

Number of Bedrooms: _____ Age of Home: _____

How much is your mortgage or rent: \$ _____

If renting, please provide the name, address and phone number of your landlord:

Name: _____

Address: _____

Telephone: _____

General Description of Housing Improvement Needs:

PART 6: DEMOGRAPHIC INFORMATION

The following information is used for preparing purposes only. It will not be used to determine applicant eligibility.

1. Which of the following most accurately describes your racial / ethnic status?
 - a. American Indian or Alaska Native
 - b. Asian
 - c. Black or African American
 - d. Hispanic or Latino
 - e. Native Hawaiian or other Pacific Islander
 - f. White
 - g. American Indian or Alaska Native *and* White
 - h. Asian *and* White
 - i. Black or African American *and* White
 - j. American Indian or Alaska Native *and* Black or African American

2. Are you a female head-of-household (with child 18 or under)? Yes ____ No ____
3. Is anyone in your home 62 years of age or older? Yes ____ No ____
4. How many people live in your home? ____ How many dependents? ____

PART 7: ATTACHMENTS

1. "Your Housing Rights" Pamphlet
2. Privacy Protection Act Statement
3. Home Maintenance Education Program Information
4. Notice of the Presumption of Lead
5. The "Lead Safe Certified Guide to Renovate Right" Brochure
6. Confirmation of Receipt of Lead Pamphlet
7. Complaints and Appeals Procedures
8. Acknowledgement of Receipt of ECOA Notices and Disclosures
9. Housing Rehab Program Design

READ CAREFULLY BEFORE SIGNING:

WARNING: As part of this application process, I have been given opportunity to review with the intake Survey and ask questions about the construction process, the three-party construction contract, and the loan servicing process, including the Deed-of-Trust and the Deed-of-Trust Note. Furthermore, I have been given the opportunity to take with me all said documentation so I can review them further at home and with others of my own choosing.

WARNING: Section 1001 of Title 18 of the United States Code makes it a criminal offense to make a willfully false statement or misrepresentation to any Department or Agency of the United States as to any matter within its jurisdiction.

Verification of any or all information contained in this application may be obtained from any source named herein.

My signature below certifies that the information contained in this application is accurate and complete to the best of my knowledge. I hereby grant permission to project staff to verify any or all information contained in this application or any additional information that I may provide in support of this application. I understand that the information in this application will be held in strict confidence as required under the provisions of the Virginia Privacy Protection Act, and will only be used to determine my eligibility for housing assistance under this project.

Date

Signature of Applicant

Date

Signature of Co-Applicant

Date

Signature of Intake Surveyor

This Section for Staff Use Only

Date application submitted: _____

Date all exhibits/verifications received: _____

Final Action: Approved by Board

Rejected by Board

Date Final Action taken: _____

Date Letter Sent to Application: _____

HR/Façade Application Process



- Collect Information Which Determines Eligibility

1. Document Income (HR)

- HUD HH Income Form
- HUD Section 8 Income Guidelines
 - www.huduser.org
- 3rd Party Documentation*

HUD Household Income Report

1. Name _____		2. Address: _____			
ASSETS					
Family Member	Asset Description	Current Cash Value Of Assets	Actual Income from Assets		
3. Net Cash Value of Assets		3.			
4. Total Actual Income from Assets			4.		
5. If line 3 is greater than \$5,000, multiply line by _____ (Passbook Rate) and enter results here; otherwise leave blank					
ANTICIPATED ANNUAL INCOME					
Family Members	a. Wages Salaries	b. Benefits/ Pensions	c. Public Assistance	d. Other Income	e. Asset Income
					Enter the greater of lines 4 or 5 from above in e.
6. Totals	a.	b.	c.	d.	e.
7. Enter total of items from 6a. through 6e. This is annual income.....					7.

Signature (Grantee/Subrecipient Representative)

Date

.....
For Office Use Only

_____ County

_____ 80% AMI Limit

_____ Fiscal Year

_____ Household Income

HR/Façade Application Process



- Document Ownership Of Property-HR
 - ✓ Deed to Property
 - ✓ Title Search
 - ✓ Owner-Occupied

HR/Façade Application Process



- Document Ownership Of Property-HR
 - ✓ Investor-Owned (CDBG)
 - ✓ Contract for Purchase
 - ✓ Heir Properties
 - ✓ Mobile Homes- DMV title

HR/Façade Application Process



- Document Ownership Of Property- Façade
 - Property Owner/Business Owner
 - Deed for DT purposes
 - DUNS # for Business



HR/Façade Application Process



- Documenting Property Eligibility
 - CDBG HR: Substandard
 - IPR: Lacking Complete Indoor Plumbing
 - Façade: Blighted (High, Medium, Low)

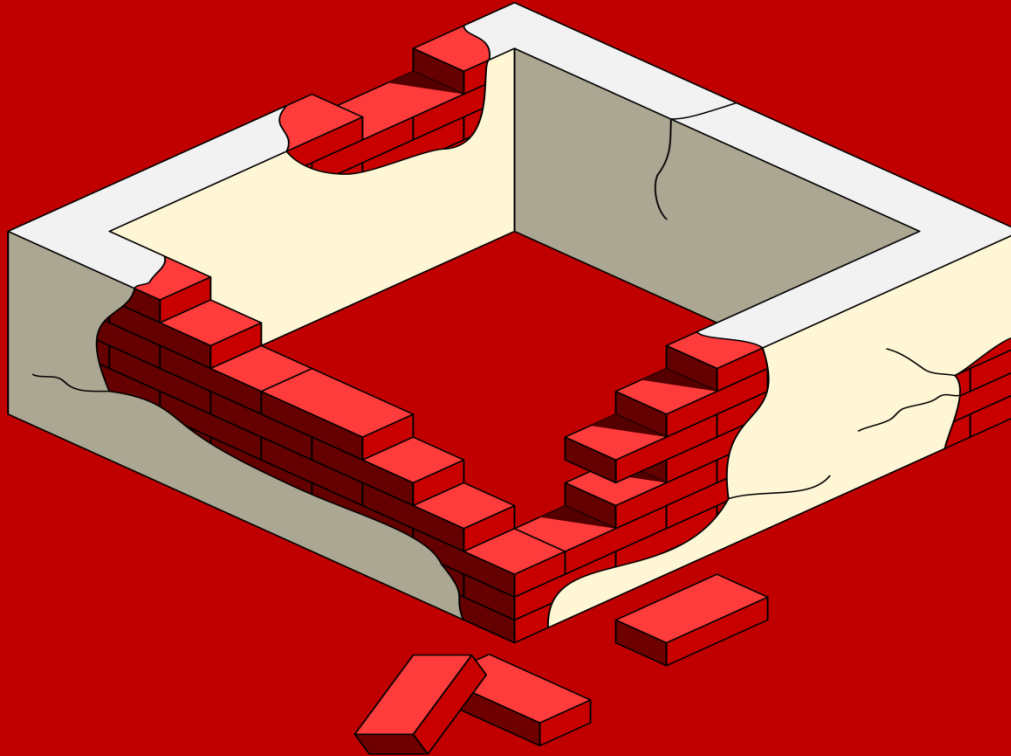
CDBG HR: Substandard



IPR: Lacking Complete Indoor Plumbing



- Façade: Blighted (High, Medium, Low)



HR/Façade Application Process



- Collecting Required Demographic Household Information-

11

CONTRACT: #12-33

HUD ACTIVITY CODE: 14A

11

11

GRANTEE PERFORMANCE EVALUATION MEASURES: Give Actual Data for all measures on which benefits are complete; insert an asterisk to identify incomplete benefits. Grantee is STILL RESPONSIBLE for maintaining information on incomplete benefits. Benefits are considered to be complete when the numbers agree with those outlined in your grant agreement and/or imposed as Special Conditions by DHCD.

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COMPLETE RESUBMIT

Attachment

REHAB FILE CHECKLIST

CDBG: XXX

IPR: _____

Homeowner: _____ Occupant: _____

Street
Address: _____ File#: _____

1. Application for Assistance/Ranking Sheet _____
2. Financial Information
 - a. Verification of Income _____
 - b. HUD Household Income Report _____
 - c. Current Section 8 Income Limits _____
 - d. Verification of Assets _____
 - e. Verification of Rent (CDBG only) _____
 - f. Ability-to-pay Form _____
 - g. Loan Repayment Calculation Form _____
3. Verification of Ownership of Property (after 10/1/2012)
 - a. Deed Showing Ownership of Land and House OR _____
 - b. Mobile Home DMV Title _____
 - c. Proof of Mobile Home Demolition or Salvage (SR only) _____
4. Historic Resources Clearance/Statutory Checklist (IPR only) N/A
5. DHCD HQS/Section 8 Inspection Reports
 - a. Before Construction Date _____ By whom? _____ PA _____
Date _____ By whom? _____ RS _____
 - b. After Construction Date _____ By whom? _____ PA _____
Date _____ By whom? _____ RS _____
6. Blower Door Test
 - a. Before Construction Date _____
 - b. After Construction Date _____
7. Inspection/Treatment Reports
 - a. Exterminator _____
 - b. Electrical _____
 - c. Chimney _____
 - d. Asbestos (Substantial Reconstruction only) _____
 - e. Rehab Specialist Inspection & Payment Reports _____

8. Write-up and Cost Estimates.
 - a. Base Amount \$ _____
 - b. Exceptions \$ _____ \$ _____ \$ _____ \$ _____
 - c. Demolition \$ _____

9. Bid Tabulation Sheet and Contract Award Recommendation
 - a. Accepted Bid _____
 - b. Verification of Non-Debarment Check (after 3/20/12) _____
 - c. Bid Approval Date _____ Low Bid Amount \$ _____

10. Temporary Relocation Agreement and documentation _____

11. IPR Set-up form (IPR only) _____ N/A
 - a. Project Cost Worksheet—set-up amount \$ _____
 - b. Certification of IPR Eligibility (after 11/5/2007) _____ N/A
 - c. IPR Completion Report _____ N/A

12. Construction Contract: Amount \$ _____
 - a. 3-Party: Owner/Grantee/Contractor **OR** _____
 - b. 2-Party: Owner or Grantee/Contractor and Contractor/Grantee _____
 - c. Attached Federal Construction Contract Language _____
 - d. Notice of the Presumption of Lead _____
 - e. Confirmation of Receipt of LBP pamphlet (pre-1978 construction only)
Renovate Right (after 12/01/08) _____

13. Legal Documents
 - a. Investor-Owner Rental Commitment (CDBG only) _____
 - b. Landlord/Tenant Agreement or Lease (CDBG only) _____
 - c. Deed of Trust Note or Promissory Note _____
 - d. Deed of Trust/Lien (10 years CDBG & 15 years IPR) _____
 - e. Notice of Right to Cancel (for loans only) _____
 - f. Truth in Lending Disclosure Statement) (for loans only) _____
 - g. Acknowledgement of Receipt of ECOA Notices and Disclosures _____
 - h. Recordation Receipt for Deed of Trust _____

14. Permits
 - a. Building Permit _____
 - b. Health Permit (well and/or septic) _____

15. Approved Contractor Pay Requests _____

16. Change Orders
 - a. Approved by Owner, Rehab Specialist, Program Administrator & DHCD _____
 - b. Number of COs _____
 - c. Total Amount \$ _____
 - d. Disclosure Report if contract award is now \geq \$50,000 _____

- 17. Lead Related Reports (Rehab Only)
 - a. Documentation of Lead Inspector/Risk Assessor License _____
 - b. Documentation of Contractor and Crew training in Lead Safe Work Practices and Repair, Renovation & Painting (EPA) _____
 - c. LBP Clearance Examination Reports w/lab analysis attached _____
 - d. LBP Hazard Reduction Completion Notice _____
- 18. Warranties (Appliances and Materials) _____
- 19. Contractor's paper work
 - a. Affidavit of Release of Liens _____
 - b. Affidavit of Payment of Debts and Claims _____
 - c. Register of Contractors, Subcontractors and Suppliers _____
 - d. Register of Assigned Employees (CDBG Only) _____
- 20. Occupant Signed Home Maintenance Education Certificate _____
- 21. Final Release by Homeowner _____
- 22. Documentation of Homeowners/Hazard Insurance _____
- 23. Cost Breakdown for Construction and Non-construction Costs
e.g.; IPR Cost Summary, Financial Summary and Completion Report _____
- 24. Loan Servicing Records e.g.; Annual Loan Statement,
Monthly Loan Payment History, delinquent notices, etc (for loans only) _____

HR/Façade Application Process



Guide for Working with Applicants

- Make the process as easy as possible for them
- Work around their schedule
- Speak their language
- Help them with paperwork (App, DT, Work Write-Ups)
- Use examples from other projects

HR/Façade Application Process



- Allow them to ask any question and then **give them an answer**
- Explain the requirements, approval process, realistic timeline
- Property ownership issues are common: Be ready with solutions/plan
- Expect reticence (DT), explain, explain, explain
- Follow up to prevent Riga mortise (what project?)

HR/Façade Application Process

- ?





THANK YOU!



STEPS In The Housing Rehab/Façade application Process



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Agenda



PART ONE



PART TWO







Add Text, an Image, or Both



Add Text, an Image, or Both





SIDE NOTE

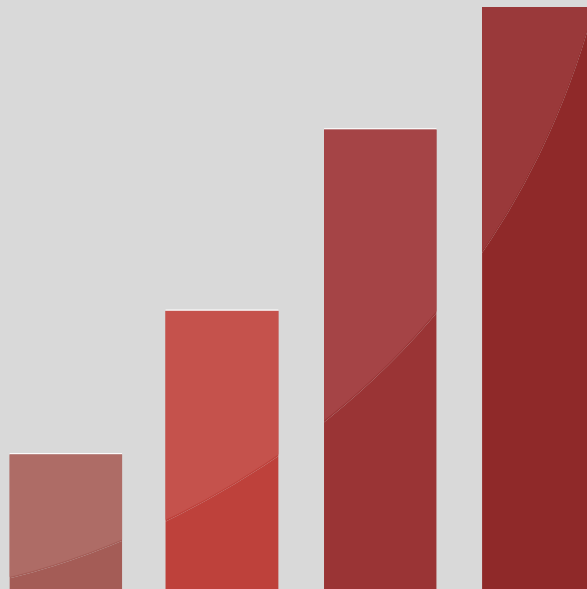
Add a High-Level
Impact Statement Here

Data Point

Describe Data Point

%50

Building Materials
Increase





Any Questions?